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ABSTRACT

This document is a short summary of teenage suicide issues intended for use by teachers. Possible causes for teenage suicide are discussed, including: (1) chemical abuse; (2) unrealistic view of death; (3) the nuclear threat; (4) societal changes; (5) family changes; (6) lifestyle decisions; (7) academic pressures; and (8) the success code. Warning signs of potential suicide, a stress index for teenagers, and suggested measures for dealing with suicidal teenagers are discussed. Suggestions for a school curriculum which would prepare students to approach life with confidence are presented, including respecting life and people, coping and decision-making skills, and defining success as one's best effort. Resource agencies at national and community levels are listed. References are included. (ABL)

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FASTBACK

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# Teenage Suicide: What Can the Schools Do?

Jerilyn K. Pfeifer

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The author expresses her appreciation to Chris Kyker for her substantial contributions and supportive critique in the writing of this fastback.

Series Editor, Derek L. Burleson

# Teenage Suicide: What Can the Schools Do?

by
Jerilyn K. Pfeifer

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# Introduction

On the evening of 6 December 1984, a 15-year-old cheerleader from Haskell, Texas, ended her life. She had told her parents a few hours earlier that she had to finish a project for school and could not go with them to her brother's basketball game. The community responded with shock. Her family and friends could not understand why this seemingly happy young girl would choose not to live.

A few weeks later, in a drama class at a Texas urban high school, a young man came to stage center, asked his bewildered classmates about the "meaning of life," and shot himself. The meaning of life for him was despair and then death.

The tragedy that hits all of us is why young people who are just beginning to experience life should decide not to continue it. The confusion, guilt, and grief that survivors experience in the aftermath leave them with a sense of helplessness and even hopelessness. Why, they ask. What could I have done? What could any of us have done? What do I do now? But mostly, why?

Adolescent suicide is approaching an epidemic stage, with media in communities across the nation reporting tragic stories about recent deaths. Some are reports of a single death; others are reports of what have been called "clusters," multiple suicides clustered in a relatively brief period: six in Clear Lake, Texas, and eight in Plano, Texas, in a matter of months.


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Suicide has become the second leading cause of death among youth aged 15 to 24 in the United States, following only accidents. An average of 1,000 young people attempt suicide every day. Of that number, 17 are successful. The suicide rate among young people has tripled in the past 25 years, according to figures from the National Center for Health Statistics. However, statistics do not tell us how many accidents are actually suicide attempts. Nor do they tell us how many attempts go unreported. If anything, the numbers are conservative, but still alarming.

As educators, our lives are intimately meshed with those of young people. Many of us elected to be teachers for that very reason – to work with young people. Our commitment to these young lives makes their deaths incomprehensible. Did we miss a cue when counseling them? Did we contribute to their decision? The death of an adolescent is always tragic; the self-imposed death of an adolescent is overwhelming. But we cannot be overwhelmed; we must look for answers.

As a teacher and a parent, I am personally troubled by a 15-year-old taking her own life. Her death challenges me to seek answers. To find answers we must try to understand why young people are unable to deal with what they consider to be overwhelming stress – stress that is heightened by unrealistic standards of success in a rapidly changing environment.

This fastback will examine the sequence of possible factors contributing to a decision to commit suicide. It will attempt to outline ways the sequence can be interrupted by parents and teachers who recognize danger signals and know how and when to seek help. Surely there is more we can do than be shocked and saddened. These young people do not have to die.

## What Are They Trying to Tell Us?

The causes of teenage suicide would be easier to analyze if the victims were here to explain them to us. They are not here, and this precludes our knowing what precipitated their final, fatal decisions. Part of our confusion stems from having faced similar stresses as the victims, yet having chosen to live. They, instead, chose to die. Yes, some do leave notes and some make final "speeches" to friends, but much of this is what I call "iceberg talk." Only the tip of a long and complex series of stresses is exposed.

As each life is different, so each death is different and as personal as a fingerprint. In retrospect, we can only pose plausible explanations, but we must pose them and consider them carefully.

### Chemical Abuse

The overt answers surface first – a long history of depression associated with chemical abuse from drugs or alcohol. Many deaths attributed to this cause may be reported in that number-one category of "accidents." Yet we must also consider that chemical abuse may be a symptom of underlying stresses leading to depression or a wish to escape.



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## Unrealistic View of Death

Another plausible factor to consider is that young people today have an unrealistic view of death. The changes in family systems may contribute to this unrealistic view. The extended family has virtually disappeared. No longer do three and four generations live together. Grandparents may live in another state and have contact with their grandchildren only a few times a year. A grandparent's death is still a sad occasion for a child, but it is not the same as adjusting to the permanent loss of a household member.

Another factor to consider is the increasing life expectancy of the older generation, one consequence of which is that many children never experience the death of a family member. A 15-year-old might never have attended a funeral, might never have lost a close family member, might never have had to cope with the permanence of death.

Further, our culture denies the reality of aging and dying. We are bombarded with advertising emphasizing youthful appearance in clothes, hairstyles, and body. Older people are not regarded as highly in our culture as in others. Some of us actually fear aging. We do not talk of death in our families or our classrooms. We do not talk to each other about personal wrestlings with dying.

We also live in a culture that desensitizes us to death. We are subjected to a constant menu of death and violence on television, in movies, and on the nightly news. But media violence is vicarious. Young people experience death and violence in the abstract, devoid of emotions. There are no value judgments made; it happened and that is it – no emotional reaction at all. Soon, even the shock of violence has no effect. Thus, if a young person has become desensitized to death, there is no emotional block to fantasizing about it. Such desensitized thinking about violence and death can lead to a "why not" mental set. When young people's view of death is both unrealistic and desensitized, the result can be tragic.

## The Nuclear Threat

Some young people have bought the "We're all going to die, anyway" message from doomsday prophets describing the end of the world

by nuclear holocaust. But most of us, even though concerned about the nuclear threat, have made the choice to live. Young people who feel a loss of control, personal desperation, and hopelessness may find this threat too much to face when combined with other stresses in their lives (Seider 1984). Why fight it anymore?

The factors cited above are plausible reasons why a young person might decide to end his life. Yet most teenagers face these things, make adaptations, and go on living. It is more probable that suicidal young people decide to end their lives because of their inability and inexperience in dealing with what they perceive to be overwhelming stresses imposed by a rapidly changing world.

## Societal Changes

Consider what has happened in teenagers' short lifetimes. A computer revolution has changed the way we live and work and communicate. The technology available to us has changed the former distinctions between blue-collar and white-collar occupations. Menial tasks that once required human power now do not. Tedious record keeping is now completed in seconds. Information is accessible that was simply unavailable before. We can shop by telephone, communicate by modem, and be entertained by satellite. Many young people find all this exciting. Others may be wondering what curve the world will throw them next. The jobs that young people are considering may not exist by the time they graduate from high school. All of us live under these changing conditions, but some of us cannot adapt that quickly.

Another changing societal factor is our perceived lack of national strength and security. Our national self-doubt probably began with Vietnam but certainly was extended by events in Iran, Lebanon, and Nicaragua, or the increase in terrorist incidents worldwide. The list goes on. Previous generations of children had the sense that the United States would be in charge, would keep the peace and ensure our freedoms. The current generation of children is not that secure. Some of them are wondering if they will reach adulthood, if the next world war is inevitable.

This is also a time of population shifts. We are in a second rural-to-urban migration in this century. Big cities are growing, some even out of control. Migration continues to the West, and now to the South Central and Southwest regions of the country. The economy, the weather, the rise of new industries and the decline of old ones – all contribute to movement, changing big cities into an urban sprawl and small communities into cities. Small school systems are consolidated into larger ones. For some communities a school closing means the end of that community. Every day local news media report the auction of a farm that has been in the family for generations. The world is changing, our communities are changing; but some of our children do not have the coping skills to adapt to change so quickly.

## Family Changes

The greatest changes are in the family. The disappearance of the extended family has already been noted. Today it is likely that both parents are working, or the children live with a single parent who must work. Separation and divorce are common and frequently affect the children involved more than they do the parents. Parents are experiencing stress from the same sources as the children. The difference is that adults have more experience coping with adjustment. Children do not. Adolescents do not.

## Lifestyle Decisions

The pressures on adolescents reaching for adulthood go beyond changing national, community, and family mores. Now adolescents face decisions that at an earlier time were already answered for them. These include whether to join the family business or farm, to marry, to have children, to pursue a nine-to-five job, to serve in the military, to embrace family religious beliefs, or to live in the same community where they grew up.

For today's adolescent, all of these traditional securities are clearly options. Women are no longer confined to limited career options. Marriage is an option with no guarantees. Having children is now a choice, thanks to effective birth control. Adolescents' options compound ge-

ometrically, making achievement of self-identity much more complex today. While some adolescents welcome the freedom to chart their own course, others obviously are fearful of new frontiers. Without a background for making decisions, how can they respond to these options?

## Academic Pressures

A high school diploma, as a guarantee of vocational security, has now been superceded by a college degree. Many of us remember the chart in the counselor's office that promised so many more thousand dollars in personal income over a lifetime with a college degree. Pressure to make test scores to attend the right college is creating a demand for standardized excellence. Gerald Bracey in the *Phi Delta Kappan* (March 1985) suggests that the well-intentioned reforms of the current "excellence" movement are creating undue pressure on adolescents. He is concerned, as am I, that there may be a link between academic pressure and an adolescent's perception of impending failure.

## The Success Code

A final factor creating stress in young people is the unrelenting pressure for success. The success code is reinforced everywhere, through every visual and audio medium. What adults know to be fantasy children internalize as reality. The code is unyielding and completely unrealistic. It ranges from Princess Diana's haircut to J.R. Ewing's ruthless power to cute children endorsing cereal in a TV commercial. TV moms never clean ovens; broken hearts are cured in a half-hour sit-com. Television is a make-believe world about pretend people played by actors who in real life have to get up at 4:00 a.m. for makeup and report for set call at 6:00 a.m.

Television is not the only culprit. The advertising media bombard us with the success code message. The "good life" is available to all with the purchase of the right products. We can be sexy with the right toothpaste; have happy families with kitchen-tested recipes; and rear brilliant, successful children if they know how to read by the age of

three. Perhaps the ultimate is a mail-order catalogue that offers executive trappings for the James Bond type. Buy these goodies and be Agent 007.

With all sarcasm intended, I offer the following list to summarize the success code for women as gleaned from advertising and television. The message transmitted is that unless you can measure up to the items on the list, you are not successful as an adult female.

- advanced college degree
- full-time, upwardly mobile career
- beautiful
- successful husband or chooses to be single
- 5' 6" or above in height
- thin
- perfect children (2) delivered by Lamaze
- expensive jewelry, clothes, perfume, house, car
- beginning salary of $30,000
- glib, funny, but never raucous
- brilliant
- gourmet cook
- does needlepoint in spare time
- jogs and plays tennis
- active in children's organizations
- family well dressed at all times
- children never get sick
- uses coupons at the grocery store
- skillful in writing poetry or painting

I presented this list to the Texas Student Education Association meeting in March 1985, expecting that my audience of young people would laugh at it. They did not. They bought the message and said they felt pressure to meet these "success" requirements. How sad that their sense of self-worth depended on being able to check off all these external descriptors.

Young men have it no easier. Their list below is derived from the pretend characters in advertising, television, and movies, who serve as models for adolescents as to what adult life should be. What adoles-

cents do not see are the cue cards that adults know make all this fantasy.

- college degree in law or business
- at least 6' tall, preferably taller
- beautiful wife/girl friend(s)
- 180 pounds in weight, or 200 if muscular
- jogs
- expensive car, ring, watch, clothes, etc.
- perfect children
- starting salary of $30,000
- glib, funny
- brilliant
- strategist
- hair styled (or permed)
- beard if desired
- plays golf
- self-taught carpenter for hobby projects
- can retire early
- can discuss at will the stock market, foreign policy, financial portfolios
- builds deck in back yard

It is sad to report that the young men responded more seriously to this silliness than the young women did. They believed it. Does this explain why the suicide rate for boys is so much higher than for girls? Are we giving our young men a "do or die" message?

The final irony is that these young men and women do know individuals who apparently have met the requirements on the list. What they do not know is that these individuals are not necessarily happy, secure, or comfortable. Meeting the success code does not guarantee success or happiness, as the following letter to Ann Landers attests:

Dear Ann Landers:

As an upper-middle-class suburban teenager, I hope I can offer some insight into the growing number of teenage suicides, especially among those from more affluent suburbs. I have known some teenagers who took their own lives and I believe the major causes are as follows:

The pressure to succeed academically and later financially is really heavy. These teens are forced to strive for acceptance to Ivy League schools. If they don't get into Harvard, Yale, Princeton, Brown, Stanford, or Amherst, they feel like failures. (It's especially tough if their fathers went to these schools.)

Life in the affluent suburbs is often lonely and depressing. The parents are involved in demanding careers, travel a lot, and leave the mothering and fathering to paid help. They almost never do things together as a family. The fact that the majority of teenage suicides occur in affluent areas such as Westchester County and Long Island rather than in the working and lower-middle-class neighborhoods like Brooklyn, Queens, and Staten Island must mean that most rich kids, who appear to have everything, enjoy life a lot less than poor kids.

This young man's letter may not speak for every affluent teenager in the suburbs, but the number of suicides or attempts among these groups tells us that something is wrong with the mystique of success. The success code tells these teenagers that unless they achieve, they are not valuable. Sad, too, are the parents who have achieved but still cannot accept themselves as worthy individuals without some new success trophy.

## The Psychology of Adolescent Suicide

There are millions of adolescents who face the pressures of a changing world every day and relish the challenge. Their coping skills result from personal strength, family security, overriding optimism, or individuals in their lives who are encouragers, including teachers. We also know of those amazing people who seem to have everything going against them – impoverished environment, lack of educational opportunity, broken family – yet they endure. Suicidal adolescents, no matter what the environmental circumstances, are convinced that they cannot control any part of life except to end it.

The sequence of events leading to suicide is a lengthy one. It begins with a failed attempt to deal with a new stress. Most adolescents face a variety of stresses, yet they manage to adapt or cope. It is adolescents who are faced with stresses beyond their perceived ability to cope who begin to experience self-doubt and a sense of failure. With repeated frustration, they begin to feel they are incapable, even worthless. In their perception their efforts produce no results, and anything they attempt will fail.

It is puzzling to teachers and parents that adolescents who are extremely capable will perceive themselves to be inadequate. Their accomplishments count for little; they accept neither themselves nor their work. Their response to whatever they do accomplish is "Anybody could have done it." They downplay themselves. This is sometimes a

praise-seeking game, but it is a dangerous one; it can become a trap when they begin to believe the downplay. Sadly, the most capable are often the most self-critical. Carried to extreme, the self-critique can become self-abuse, and they stop performing entirely. Repeated negative experiences create a sense of automatic failure. According to the adolescent's rationale, not only are current efforts destined to fail but any future ones are useless. With no experience in working through a stressful situation, the adolescent has no model from which to draw future direction. Each failure reinforces the next, and the cycle soon becomes a downward spiral. Compound the downspin with usual stresses that adolescents face and the suicide statistics are not so surprising anymore.

The adolescent years are traumatic enough without the complications of rapid social and family change, self-doubts, and increasingly higher expectations. It is confusing to an adolescent to hear from well-meaning adults with short memories that "These are the best years of your life, the most fun you'll ever have." If adolescents are having a rough go at life during their "best" years, then in their minds adulthood can't be very appealing.

Erik Erikson describes adolescence as a period of increasing conflict in the quest for self-identity. The developmental task of these years, he states, is to establish a positive individual identity. With stability and consistency in their world, their communities, and their families, adolescents generally resolve their identity quests. In today's world this is frequently not the case; thus their confusion about "the best years." For them, there is more than humor in the current bumper sticker slogan, "Are we having fun, yet?"

Yet we all know many young people who thrive on the discovery of self, who take on life as an adventure. They relish experimenting with different role identities until they define their own. Such experimentation is safe when they already have a positive self-concept supported by a peer group and family that offer stability, acceptance, and security. These teens can risk without fear; failure is neither final nor fatal. If their search for identity fails in one direction, they rebound and go in another.

Middle school teachers can testify best about the transitory nature of early adolescent personalities, who may try on five roles in as many

days. Life is always an extreme; all adjectives are superlative; emotions range from high to low but seldom in between. Lifetime romances generally last about three days, career choices sometimes longer. These young people are bound up with themselves emotionally and physically. It is a great adventure as long as other influences on their lives are consistent and stable. What do they do, though, when they perceive nothing as consistent, with the world around them in a state of rapid social change, with the lack of positive role models, and with the oppressive success code?

The suicide statistics speak clearly of fear, disillusionment, and anger. So what happens to the frightened ones, the disillusioned ones, and the angry ones who feel their efforts produce no results and foresee little change in their ability to affect their world? They live with a constant "I'll-never-be-good-enough" attitude. Many seek to punish somebody or something for their sense of failure. It may be the world or their families. Most ominous, however, is the adolescent who wants to punish self.

Suicide is a desire to escape. For most of us, when under stress, escape is an automatic response. But usually we discard escape as impractical or impossible and marshall our resources to deal with the stress. Adolescents, too, seek escape through imagination and creativity; and that is normal and healthy. It is when the escape becomes a continuing fantasy, an anticipated response to every situation that adolescents lock themselves into a trap. Escape becomes more desirable than curiosity about tomorrow; it has more appeal than anything or anyone positive in the adolescent's environment. The rationale says that nothing will change; nothing will ever get any better; the sooner I can get out of this, the better.

The decision is made. It now becomes a matter of time; and it can take months or even years. The fuse is ignited. Like a time bomb, it will explode at some point in the future – a critical time in school, an emotional crisis, family trauma, or the death of a peer. It is probably not, as some say in the case of "cluster" suicides, that there is a pact among a peer group to end their lives within a certain time. It is more probable that the strong emotional response to a peer's death

creates an empathy that compels them to act on the escape fantasy that was already well established.

The escape fantasy can become a general response to any frustration. The adolescent has complete control of this fantasy and perhaps nothing else in life. The fantasy exploration becomes addictive. It may be almost "play" for a while, a type of flirting with a cultural taboo. Here, at last, is one arena where the adolescent can affect the result – ultimately.

Who among us, when faced with what seemed to be a hopeless situation, has not toyed with the idea, however briefly, then discarded it to go on about our lives and work? That question was asked to a student body of a large high school in the spring of 1985. Their responses below speak for many students and they speak to all of us:

> Yes, I have thought of it (suicide) many times, but I have always chickened out.
>
> I think people commit suicide because they are insecure. They cannot handle their problems or they don't know how. It is an escape.
>
> They don't think people care about them.
>
> To adults the things that cause teenagers to get uptight may be minute. But to a teenager, depression and the thought of suicide may be because you feel alone.

Perhaps the most troubling response was from the young man who said:

> There is, in my opinion, little or nothing that can be done about this problem. If the teenager has been pushed to the point of suicide one time, it makes it easier each time after.

## Is There Anything Anyone Can Do?

Is that young man correct? Is there "little or nothing that can be done?" Obviously not. There are those for whom every day is a valiant struggle. Yet they persevere. And there are those who at one time or another have thought about suicide but found other ways of coping. They survive and will continue to do so. Whatever it is that sustains many of us when faced with adversity can also sustain the adolescent who sees no other way. Suicide need not be an option.

While we can understand the factors contributing to a suicide decision, that alone will not change the statistics. Nor will sensationalizing suicide incidents provide a solution. We cannot prescribe precise cures because we are not dealing with a precise disease, but we must do something. Shaking our heads after reading another teenage obituary may express our confusion but offers little in the way of specific direction.

What can we do? We can attend to adolescents in stress. We can watch for suicidal cues. We can assure them that they are not alone. We can and must seek every source of help. Initially, though, we must know the signals.

David Elkind in *The Hurried Child* (1981) provides a stress scale that is useful for identifying causes of childhood stress and their levels of intensity. If the score is less than 150, the stress is about average. If the score is between 150 and 300, the person will probably

show symptoms of stress. Elkind suggests that if the score is above 300, there is a strong possibility that the person will experience serious changes in health or behavior.

| Stress | Points | Child's Score |
|---|---|---|
| Parent dies | 100 | _____ |
| Parents divorce | 73 | _____ |
| Parents separate | 65 | _____ |
| Parent travels as part of job | 63 | _____ |
| Close family member dies | 63 | _____ |
| Personal illness or injury | 53 | _____ |
| Parent remarries | 50 | _____ |
| Parent fired from job | 47 | _____ |
| Parents reconcile | 45 | _____ |
| Mother goes to work | 45 | _____ |
| Change in health of a family member | 44 | _____ |
| Mother becomes pregnant | 40 | _____ |
| School difficulties | 39 | _____ |
| Birth of a sibling | 39 | _____ |
| School readjustment (new teacher or class) | 39 | _____ |
| Change in family's financial condition | 38 | _____ |
| Injury or illness of a close friend | 37 | _____ |
| Starts a new (or changes) an extracurricular activity | 36 | _____ |
| Change in number of fights with siblings | 35 | _____ |
| Threatened by violence at school | 31 | _____ |
| Theft of personal possessions | 30 | _____ |
| Changes in responsibilities at home | 29 | _____ |
| Older brother or sister leaves home | 29 | _____ |
| Trouble with grandparents | 29 | _____ |
| Outstanding personal achievement | 28 | _____ |
| Moves to another city | 26 | _____ |
| Moves to another part of town | 26 | _____ |



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| | | |
|---|---|---|
| Receives or loses a pet | 25 | _____ |
| Changes personal habits | 24 | _____ |
| Trouble with teacher | 24 | _____ |
| Changes in hours with baby sitter or at day-care center | 20 | _____ |
| Move to a new house | 20 | _____ |
| Changes to a new school | 20 | _____ |
| Changes play habits | 19 | _____ |
| Vacations with family | 19 | _____ |
| Changes friends | 18 | _____ |
| Attends summer camp | 17 | _____ |
| Changes sleeping habits | 16 | _____ |
| Change in number of family get-togethers | 15 | _____ |
| Change in eating habits | 15 | _____ |
| Change in amount of TV viewing | 13 | _____ |
| Birthday party | 12 | _____ |
| Punished for "not telling the truth" | 11 | _____ |
| | Total | _____ |

Response to stress will be different for each person. The critical question here is persistence. Can the person resolve the stress or does it persist? Does continuing stress lead to any one of these four self-destructive perceptions, which studies conducted in the 1960s and 1970s (Renfro 1984) found were prevalent in suicidal adolescents?

1. A feeling of impotency or powerlessness
2. The inability to control or improve one's own environment
3. The feeling of being unappreciated
4. The inability to contribute

When these self-destructive perceptions exist along with identity confusion, the adolescent may begin to exhibit behaviors that indicate danger. Whether the adolescent threatens suicide or not, the following behaviors are consistently cited as signals or warnings that a crisis is imminent. The signals may be evidenced singly, but they are more serious in combination. The danger signals are:



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1. Prevailing sadness, lack of energy, difficulty in concentrating, loss of interest or pleasure in usual activities, or atypical acting-out behaviors (for example, anger, belligerence to authority figure, alcohol/drug abuse, sexual promiscuity, and running away from home).
2. Academic failure in school, often accompanied by the adolescent's feeling of disinterest or helplessness.
3. Social isolation, lack of close friends or confidants – even though the adolescent may have superficial contact with a group of peers.
4. Disharmony or disruption in the family (for example, divorce, separation, alcoholism, and physical or sexual abuse).
5. Recent death or suicide attempt by a loved one or family member, or break-up with boyfriend or girlfriend
6. Atypical eating or sleeping patterns – either excessive increase or decrease.
7. Verbal remarks about sense of failure, worthlessness, isolation, absence, or death; also written stories, essays, or art projects depicting the same themes.
8. Collecting pills, razor blades, knives, ropes, or firearms.
9. Giving away personal possessions and writing a suicide note.
10. Previous suicide attempts. (Wellman 1984)

At this point, what can we do? Within reason, doing almost anything is better than doing nothing, because the suicidal adolescent already feels isolated. Any positive contact would be a beginning. Specifically, 10 steps are suggested by Calvin Frederick of the National Institute of Mental Health and quoted in *Suicide Among Children and Youth: A Guide for the People Around Them* (Children's Bureau 1980).

**Step 1:** Listen. A person in mental crisis needs someone who will listen to what he or she is saying. Every effort should be made to understand the problems behind the statements.

**Step 2:** Evaluate the seriousness of the youngster's thoughts and feelings. If the adolescent has made clear suicide plans, the problem is

obviously more acute than if his or her thinking is ambiguous or less focused.

**Step 3:** Evaluate the intensity or severity of the emotional disturbance. It is possible that the youngster may be extremely upset but not suicidal. However, if a person has been depressed and then becomes agitated and moves about restlessly, it can be cause for alarm.

**Step 4:** Take seriously every complaint and feeling the adolescent expresses. Do not dismiss or undervalue what he or she is saying. In some instances, the adolescent may minimize the difficulty, but beneath an apparent calm may be profoundly distressed feelings.

**Step 5:** Do not hesitate to ask the youngster directly if he or she has entertained thoughts of suicide. Suicide may be suggested but not openly mentioned during the crisis period. Experience shows that harm is rarely done by inquiring directly about suicide at an appropriate time. As a matter of fact, the youngster frequently is glad to have the opportunity to open up and discuss it.

**Step 6:** Do not be misled by the youngster's comments that he or she is past the emotional crisis. Often the youth will feel initial relief after talking about suicide, but the same thinking may recur later. Follow-up is crucial.

**Step 7:** Be affirmative, but supportive. Strong, stable guideposts are essential in the life of a distressed youth. Provide emotional strength by assuring the youngster that you will do everything possible to assist him or her.

**Step 8:** Evaluate available resources. The youngster may have inner resources, including various mechanisms for rationalization and intellectualization, which can be strengthened and supported. Also contact outside resources such as ministers, relatives, and friends. Without outside resources, the problem may be more difficult to resolve.

**Step 9:** Be specific, do something tangible such as arranging to see him or her later or subsequently contacting another helping person. Nothing is more frustrating to a youth than feeling nothing was gained from the discussion.

**Step 10:** Obtain appropriate assistance and consultation. Do not try to handle the problem alone. Seek the advice of physicians, school

counselors, mental health professionals, or other knowledgeable persons.

In addition to Frederick's 10 steps, it is critical that the helping person avoid these negative responses to a suicide threat:

- Do not assume that the adolescent is simply trying to get attention.
- Do not tease the adolescent about the seriousness of his or her intent.
- Do not challenge the adolescent to prove the extent of his or her distress.
- Do not preach.
- Do not lay on guilt. The adolescent has enough self-created guilt already.

In summary, we can listen for feelings. Much fear and frustration can be dissipated simply by talking with an adult who will listen – no lecturing, no preaching – just listen. Teenagers often can find logical solutions just by talking out the problem. Communicating a stress in itself is a form of catharsis.

We can and must respond to every suicide threat. Even if we suspect the threat is a bid for attention, the risk is too great. Bid for attention or not, the adolescent is screaming for help. This is not the time to ignore any signals of suicidal behavior. This is not the time to be self-sufficient. This young person needs not only our help but all the professional help available. Teachers may feel they are operating beyond the realm of their training, but a suicidal adolescent needs every resource.

There is help for the student. At school, a counselor, school psychologist, or teacher can break through the isolation. Support groups of school professionals, parents, clergy, and trusted peers can listen and reaffirm a troubled student.

Curricular support includes teaching packets such as the elementary grade packet of materials on death education developed by the Suicide Prevention Center of Dayton, Ohio. This comprehensive packet has both teacher and student materials, including puppets, which are an effective way for children to communicate feelings.

The New Jersey Department of Education is conducting suicide awareness workshops statewide. Its *Adolescent Suicide Awareness Training Manual* offers guidelines for identifying suicide-prone behavior and suggestions for how to respond to the tragedy of suicide and how to set up support systems for those young people who have made suicide attempts.

Another resource is the *I'm Special* packet developed by the Charlotte, North Carolina, Drug Education Center. This packet includes materials on self-awareness, communication, decision making, problem solving, and personal alternatives.

These materials provide models that state departments of education can use for curriculum development and inservice education. School districts can draw on qualified resource persons from education, medicine, psychology, religion, mental health centers, and suicide hot-lines to develop support groups and materials for their communities. The problem will not go away. We must respond.

## A Survival Curriculum

How do we teach our young people to approach life with confidence? How do we model for them so that they can survive a crisis situation? Some good answers to these questions are found in the responses of families who have faced the tragedy of adolescent suicide. Their answers to the question, "How do we go on?" is the same answer for anyone facing an overwhelming crisis.

The mother of the young girl mentioned at the beginning of this fastback shared her responses in a letter submitted to her local newspaper. She is a teacher and she writes:

> My heart is breaking today because we lost our baby, Rhonda, 48 hours ago. She was a happy, laughing, 15-year-old who seemed to have everything going for her.
>
> We loved her, she loved us, and I know that she knew we all loved her. At 15, she was tired.... She loved everybody – she just got so tired and I lost her in just a short minute....
>
> I attended a meeting earlier this year where a speaker said to go back to our classrooms and sometime, somehow, everyday, to make our students laugh. Ever since then, I have tried that, and you just won't know how hard that has been some days.
>
> What a thought, that we can't find something to laugh at during school.

On the first anniversary of her son's death, another mother reflected on her feelings. In the interim, she had returned to graduate school to complete certification requirements for teaching. I suspect she will teach much more than her content field. Her comments:

> I could not help comparing this day with a year ago. Today is hopeful; that other day so unreal and full of despair. How we have dreaded this first anniversary marking the time removing him farther from us. One more quick trip to the cemetery; I was close anyway. Someone has left flowers since I was there in the morning. It warms me to know others remember.
>
> As difficult as it is, getting on with one's life is not an unfitting memorial. I think the basic reason I want to teach in public school is that perhaps I have learned something which may help a troubled student.

For whatever reason, too many of our children are gone. We may never know all their thinking or confused reasoning. Easy answers are not available. But as the mother said, "As difficult as it is, getting on with one's life is not an unfitting memorial . . . perhaps I have learned something." What have we learned?

We cannot observe these tragedies without them being a part of us, nor can we walk away unchanged. We have learned that adolescents are capable of making a choice about life and death. Their stresses are as serious to them as ours are to us. They get tired. Many of them face situations that require coping skills beyond their emotional ability or experience. Academic standards are getting higher and higher. Too many adolescents believe the success code imposed on them by the media for selling toothpaste and shampoo.

We have also learned some ways we can help a troubled student. There are alternatives no matter what the circumstances. Teachers are in a unique position to provide situations for students to explore alternatives. School may be the only stable part of their lives. No matter what our subject matter field, we must incorporate a new curriculum into our classes. We are teaching young people, not just content; we are in the business of growth, not standardization. This new curriculum should include:

*Respect for the miracle of life*. Every day is an amazing collection of never-before experiences. Every day, we grow. Forget the cliché, "It'll all be here in the morning." Tomorrow brings its own adventure, and with it, another opportunity.

*Respect for all people*. The differences among us give us more to learn from each other.

*Coping and adapting skills*. Consider the hand. It can grasp, grab, clutch, caress, hold, write, twiddle, twitch, twist, wring, wipe, comb, type, push, pull, clench, touch, tangle, wave, knot, knit, count, point, carve, sculpt, paint, dig, plant, and on and on and on. To top that, we have two of them. And we have eyes to guide the hands and a brain to keep everything going. The hand is a marvelous, adaptive instrument.

We have a range of emotions that allows us to respond to experiences with exquisite variety.

We can train the body to walk a wire, to run 26 miles, to move in ways that become an art form. And while we sleep, it repairs itself. Moreover, much of the body's activity is automatic, so we don't have to attend to breathing, digesting, circulating, filtering. We can be about other business.

We have within ourselves the capacity to cope with challenge. In fact, most of us thrive on it. Adolescents who do not believe this must be provided situations in which to develop coping skills within their range of ability.

*Decision-making skills*. Young people must be given the opportunity to make decisions appropriate for their age level. They need to make choices and to deal with the consequences of those choices. They need to develop confidence in their ability to solve problems, to weigh possible solutions and choose from several options.

*Learning how to learn*. The knowledge explosion makes it impossible for students to learn in school all they will need to know both now and in the future. The greatest gift teachers can give students is to teach them how to learn. The world will be different tomorrow. Students must learn how to learn. They must know how to find out for themselves, because we do not know even all the questions they

will face, much less the answers. They will gain confidence in their ability to face new challenges by knowing how to approach a problem.

*Failure as a detour, not a closed path*. Failure can be another way of achieving success. By failing we have learned a way that will not work; now we can get on with a way that will work. Failure need not be the end; it is a means to an end – success.

*Success as one's best effort*. Success is not some artificial standard prescribed by someone else and measured in terms of test scores and salaries. It is not a media creation of special make-up, costumes, and lighting. Success is relative. Life does not demand the same performance of all of us. We have different skills and aptitudes for different purposes.

## Conclusion

A speaker at an inservice meeting in Haskell, Texas, asked teachers to give their students room to laugh. We cannot keep children from unfortunate circumstances, but we can find joy in life and in learning. We can celebrate the miracle of today. Laughter is contagious; excitement, celebration, and joy are also contagious. Tomorrow brings new promise.

We can recognize young people in trouble. We can take their problems seriously. We can offer help and find help. We can model problem solving, showing adolescents that there is always another way. We can educate ourselves about school and community resources.

As teachers, we can invest in the value of each student, even if no one else does. No matter who the student is, or what the circumstances, a teacher will grow by affirming the worth of every student who walks into a classroom. Giving every student a sense of worth, being sensitive to the stresses of growing up in a rapidly changing world, and offering safe environments to discover life – these are the most permanent contributions we can make.

## Resource Agencies

### National Level

American Association of Suicidology
P.O. Box 3264
Houston, Texas 77001

Child Welfare Resources Information Exchange
2011 Eye Street N.W., Suite 501
Washington, D.C. 20006

The Disaster Assistance and Emergency Mental Health Center
Division of Special Mental Health Programs
National Institute of Mental Health
Rockville, Maryland 20957

Mental Health Association
1391 N. Speer Blvd., Suite 350
Denver, Colorado 80204

National Education Association
Human and Civil Rights
1201 Sixteenth Street N.W.
Washington, D.C. 20036

National Association for Mental Health
1021 Prince Street
Alexandria, Virginia 22314

National Institute of Mental Health
5600 Fishers Lane
Room 15C-05
Rockville, Maryland 20857

U.S. Department of Health and Human Services
Violence Epidemiology Branch
National Centers for Disease Control
Atlanta, Georgia 30303

Youth Suicide National Center
1825 Eye St. N.W., Suite 400
Washington, D.C. 20006

### Community Level

Suicide Prevention Centers
(There are more than 200 community-based centers throughout the United States.)

Community Mental Health Centers

Mental Health Associations
(State and local associations are affiliated with the National Association for Mental Health.)

Child psychiatrists and psychologists

Suicide and Crisis Hot Lines

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